Number	Docket P	an or (plication	40	RD .	NATION REC	DETERM	MON FE	NT APPLICA	PATE
181	0-0	660	0-			CLAIMS AS FILED - PART I				
				IT EN	SMA				COUNS.	
HER THAI ALL ENTIT	· SMAI	OR			TYPE	(Column 2)	mn 1)	18	MS	TOTAL CLA
TE FE	RATI	1	FEE		RA	MAIBER EXTRA	A FILED			FOR
FEE 750.0	BASIC F	OR	375.00	FEE	BAST		nimus 20=	i_	GEABLE CLAIM	TOTAL CHAR
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_	+280=	OR		0=	+140			is form that	nce in column 1	* If the differen
	TOTAL	OR		AL	TOT					
ER THAN					•			AMEND	CLAIMS AS (Column 1)	101305
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	II. FEE	4 ADD	VJOF		DOIT. FEE	(Column 3)	(Column 2)		(Column 1)	
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	ATE 18= 34= 80=	R/ X3 X8 +26	OR OR OR	opriate t	RATE X\$ 9= X42= 140=	aton 3. 120, enter "20." A highest number four	HIGHEST NUMBER PREVIOUSLY PAID FOR LOENT CLAIR 2. WIRD TO IT OF	TIPLE DEP	CLAHAS REMAINING AFTER AMENDMENT TATION OF MUL OF Proviously Paid of Previously Paid	the entry in column the Prightest Name the Printers Name

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